

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Acharya et al.
Serial No. : 10/698,126 Examiner : Sikri, Anish
Filed : October 31, 2004 Group Art Unit : 2109
For : NETWORK ROUTE CONTROL

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

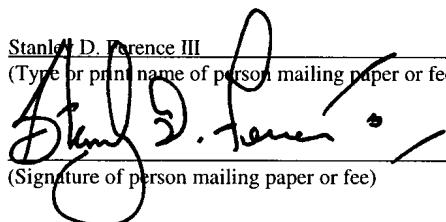
Transmitted herewith is an Amendment in the above-identified application.

1. Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
 3. Small Entity status of this application has been established by a verified statement previously submitted.
 4. A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being filed with the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, by EFS Web on June 4, 2009.

Stanley D. Reference III
(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

5. Also enclosed: _____
6. No additional filing fee is required.
7. The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	<u>SMALL ENTITY</u>		OTHER THAN A <u>SMALL ENTITY</u>	
Total Claims	20	-	** 20	= *	0	x	\$25 = O x \$50 = R
Ind. Claims	3	-	*** 3	= *	0	x	\$105 = O x \$210 = R
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$185 = O		+ \$370 = R	
				<u>TOTAL</u> = \$ O		<u>TOTAL</u> = \$ R	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

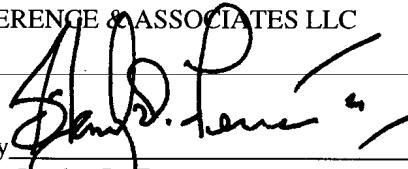
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. Applicant encloses herewith a check for \$____ to cover the filing fee.
9. The Commissioner is hereby authorized to charge the \$____ filing fee to Deposit Account No. 50-0510.
10. The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: June 4, 2009

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